

DO/EO BIBLIOGRAPHIC DATA ENTRY

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FAMILY NAME:	KINDLER ✓	DELAY WAIVED (Y/N):	Y ✓
GIVEN NAME:	ALOIS ✓	DEMAND RECEIVED (Y/N):	X ✓
PRIORITY CLAIMED (Y/N):	Y ✓	PRIORITY DATE:	08 / 17 / 98 ✓
NO BASIC FEE (Y/N):	N ✓	US DESIGNATED ONLY (Y/N):	N ✓
ATTORNEY DOCKET NUMBER:	49288 ✓	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000
		TELEPHONE	0000000000
		FAX	
NAME:	KEIL & WEINKAUF ✓		
STREET:	1101 CONNECTICUT AVENUE NW ✓		
CITY:	WASHINGTON ✓		
STATE/COUNTRY:	DC ✓	ZIP:	20036 ✓
EMAIL:			

APPLICATION TITLES:

~~PREPARATION OF ALKYNEDIOLS~~

METHOD FOR PRODUCING ALKYNE DIOLS

TAB TO LAST POSITION.PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/744,437	<b>FILING DATE</b> 01/24/2001 <b>RULE</b> -	<b>CLASS</b> 568	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 49288
<b>APPLICANTS</b> Alois Kindler, Waldsee, GERMANY; Melanie Brunner, Schifferstadt, GERMANY; Christian Tragut, Wachenheim, GERMANY; Jochem Henkelmann, Mannheim, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP99/05933 08/13/1999				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19837211.6 08/17/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/15/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY GERMANY	SHEETS DRAWING -	TOTAL CLAIMS 8
Verified and Acknowledged Examiner's Signature Initials		INDEPENDENT CLAIMS 1		
<b>ADDRESS</b> Keil & Weinkauf 1101 Connecticut Avenue NW Washington, DC 20036				
<b>TITLE</b> Method for producing alkyne diols				
<b>FILING FEE RECEIVED</b> 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	